

McAllen Orthopaedic Associates

GREGORY S GOLDSMITH, MD
Diplomate American Board of Orthopedic Surgery
110 E SAVANNAH AVE BLDG B SUITE 101
MCALLEN TEXAS 78503
956-686-1575 OFFICE 956-686-8542

March 10, 2015

Glenn Romero
Vidaurre, Lyde, Rodriguez & Haynes LLP
202 N 10th Ave
Edinburg Texas 78541

RE: REVIEW OF RECORDS FOR BILLY PEMELTON

Dear Attorney Romero:

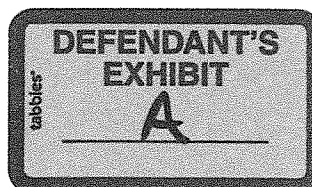
MEDICAL RECORDS SUBMITTED FOR REVIEW:

- Medical and billing records from Express Occupational Medicine
- Medical and billing records from Khit Chiropractic and Wellness
- Medical and billing records from Insight Diagnostics and Imaging Center
- Medical and billing records from Interventional Treatment Institute
- Medical and billing records from Rio Grande Valley Orthopedic Center
- Medical and billing records from Bruce Kinzy, MD
- Medical and billing records from Southern MRI Center
- Medical and billing records from South Texas Back Institute
- Medical and billing records from Northshore Orthopedics
- Medical records from Open MRI of McAllen
- Medical and billing records from Norma Iglesias, MD

CASE HISTORY:

The claimant, a 49-year-old, was involved in an MVA on September 14, 2012. The claimant was evaluated at Express Occupational Medicine on September 17, 2012. The claimant was prescribed Mobic and Flexeril and was referred to chiropractic physical therapy.

The claimant was evaluated at Khit Chiropractic and Wellness on September 18, 2012. Radiographs of the cervical spine were interpreted as no evidence of fracture with intervertebral disc space narrowing at C3-C6 and moderate osteophytosis at the anterior vertebral margin of C3-C6. Radiographs of the thoracic spine were interpreted as no evidence of fracture. Radiographs of the lumbar spine were interpreted as no evidence of fracture with early osteophytosis at the anterior margin of L3. The claimant had approximately ninety-three visits of chiropractic therapy from September 18, 2012 to February 20, 2014.



The claimant was reevaluated by Express Occupational Medicine on October 1, 2012. The claimant was prescribed Mobic, Flexeril and therapy.

An MRI scan of the cervical spine was done on October 10, 2012 at Open MRI of McAllen. The radiologist's impression was straightening of the cervical lordosis that can be seen with muscle spasm or strain. There was evidence of disc pathology identified at C3-4, C4-5, C5-6, and C6-7 levels of the cervical spine as well as the T1-2 level of the upper thoracic spine.

An MRI scan of the lumbar spine was done at Insight Diagnostics and Imaging on October 19, 2012. The radiologist's impression was at L3-4 there was a 7mm large disc osteophyte at the left foramina. There was facet hypertrophy with left foraminal narrowing and nerve root impingement. At L4-5 there was a 5.5 mm broad-based posterior disc osteophyte extending into bilateral foramina more on the left side. There was moderate facet hypertrophy with left facet and disc bulge abuts the nerve root at the left foramina. There was mild foraminal compromise bilaterally. At L5-S1 there was a 4.5 mm broad-based posterior disc osteophyte. There was bilateral facet hypertrophy more on the right. There was moderate right foraminal narrowing and nerve root impingement. At L2-3 there was 4.5 mm broad-based posterior disc osteophyte. There was facet hypertrophy with bilateral joint facet effusions. An L1-2 there was a 5.5 mm broad-based posterior disc osteophyte with mild facet hypertrophy.

The claimant was evaluated by Adam Quraishi, MD on October 20, 2012. Dr. Quraishi prescribed Neurontin.

The claimant was reevaluated by Dr. Quraishi on November 20, 2012. Dr. Quraishi recommended a lumbar epidural steroid injection and prescribed Tramadol.

The claimant underwent a lumbar epidural steroid injection on November 26, 2012 at the Interventional Treatment Institute with Dr. Quraishi.

The claimant was reevaluated by Dr. Quraishi on December 13, 2012 and noted that the injection helped to decrease the claimant's low back pain very little. Dr. Quraishi recommended a cervical epidural steroid injection.

The claimant underwent a cervical epidural steroid injection on December 20, 2012 at the Interventional Treatment Institute with Dr. Quraishi .

The claimant was reevaluated by Dr. Quraishi on January 10, 2013. Dr. Quraishi noted that the cervical epidural steroid injection helped decrease the claimant's neck pain. Dr. Quraishi prescribed naproxen and recommended a surgical evaluation for the neck and low back.

The claimant was reevaluated by Dr. Quraishi on February 14, 2013. Dr. Quraishi recommended a surgical evaluation of the neck and lower back and discharged the claimant.

The claimant was evaluated by Ruben Pechero, MD on February 21, 2013. Radiographs of the cervical spine were interpreted as no fracture or subluxation. There was no lytic or blastic lesions demonstrated. The odontoid was intact. The disc spaces were preserved. Vertebral soft tissues were within normal limits. Dr. Pechero recommended EMG/NCVs of the lumbar spine and to continue with medication.

The claimant underwent electrodiagnostic studies of the lower extremity on March 6, 2013 and were interpreted by Bruce Kinzy, MD. Dr. Kinzy's electrodiagnostic interpretation was NCS evidence of bilateral tibial motor neuropathy and EMG evidence of right L5 radiculopathy.

The claimant was evaluated by Dr. Pechero on March 12, 2013. Dr. Pechero recommended a lumbar epidural steroid injection.

An MRI scan of the lumbar spine was done at Southern Texas MRI Center on March 18, 2013. The radiologist's impression was at L3-4 there was a posterior protrusion/subligamentous disc herniation in the central and lateral aspect in both sides but more to the left measuring 5-7 mm in AP diameter, indenting the thecal sac. There were hypertrophic changes noted in the facet joints. There was moderate to marked left inferior neural foraminal stenosis and slight right inferior neural foraminal stenosis at this level. The disc herniation in the left side was impinging on the left L3 nerve root. At L4-5 there was a broad based posterior protrusion/subligamentous disc herniation measuring 5.5 mm in AP diameter. There were hypertrophic changes seen in the facet joints. There was moderate foraminal stenosis bilaterally at this level. At L5-S1 there was posterior protrusion/subligamentous disc herniation in the right lateral aspect measuring 4.5 mm in AP diameter, impinging on the right S1 nerve root. There were hypertrophic changes noted in the facet joints. There was moderate right foraminal stenosis at this level. Other findings at L2-3 and L1-2 disc levels as described. There was no significant overall change when compared with the previous study of October 9, 2012.

The claimant was evaluated by Javier Barbosa, PA at South Texas Back Institute and Orthopedics on October 30, 2013. Mr. Barbosa discussed a lumbar microdiscectomy at L5-S1 with a possible fusion.

The claimant was evaluated by William Donovan, MD on February 7, 2014. Dr. Donovan recommended a right C3-4 nerve root block, a transforaminal right L5-S1 nerve block, and a repeat MRI of the cervical spine.

An MRI scan of the cervical spine was done at Open MRI of McAllen on February 12, 2014. The radiologist's impression was a posterior 2 mm disc protrusion/herniation impinging on the thecal sac at the C3-4 and C4-5 levels. At C5-6 and C7-T1 levels there was a posterior 1-2 mm disc protrusion impinging on the thecal sac. There was straightening and reversal of the cervical lordosis seen with muscle spasm or strain.

An MRI scan of the lumbar spine was done at Open MRI of McAllen on February 12, 2014. The radiologist's impression was a posterior 3 mm disc protrusion/herniation at the L2-3 level impinging on the thecal sac and narrowing the neural foramen bilaterally. At both the L4-5 and L5-S1 levels there was a posterior 2-3 mm disc protrusion impinging on the thecal sac and narrowing the neural foramen on each side. At both the L1-2 and L3-4 levels there was a posterior 2 mm disc protrusion/herniation impinging on the thecal sac narrowing the neural foramen on each side.

The claimant was reevaluated by Dr. Donovan on February 28, 2014. Dr. Donovan recommended a percutaneous disc decompression at L5-S1, L4-5, and probable L3-4. Costs were outlined. Dr. Donovan assigned a 24% whole body impairment.

The claimant was evaluated by Osorio Castillo, PA at Dr. Iglesias' office on July 14, 2014. The claimant was prescribed Motrin.

The claimant was reevaluated at Dr. Iglesias' office on August 14, 2014 by Carlos Vela, PA and was prescribed Cialis.

The claimant was reevaluated at Dr. Iglesias' office on October 2, 2014 by Mr. Vela and was referred to a urologist for erectile dysfunction.

The claimant was reevaluated by Mr. Barbosa on October 29, 2014. Mr. Barbosa referred the claimant to a urologist for erectile dysfunction.

IMAGING STUDIES.

Four views of the cervical and lumbar spine on CD dated September 18, 2012 showed the cervical spine down to C6. There is disc space narrowing from C3-C6 with anterior osteophyte formation. There are no acute changes. Two views of the lumbar spine show disc space narrowing at L5-S1 with anterior osteophyte formation.

An MRI scan of the lumbar spine dated October 9, 2012 on CD is present for review from Insight Diagnostic and Imaging. There is disc dehydration, desiccation, and disc space narrowing from L1-S1. There are Modic end plate changes at L1-2 and L2-3. At L1-2 there is disc space narrowing and a disc protrusion indenting the thecal sac and narrowing the neural foramina bilaterally. At L2-3 there is a slight disc bulge causing mild foraminal narrowing. At L3-4 there is a slight disc bulge. There is narrowing of the left neural foramina with facet hypertrophy. There is impingement of the left L4 nerve root. At L4-5 there is facet hypertrophy and narrowing of the bilateral neural foramina, left worse than right. At L5-S1 there is facet hypertrophy and narrowing of the bilateral neural foramina bilaterally, right slightly worse than left. The impression would be multilevel lumbar degenerative disc disease.

An MRI scan of the lumbar spine dated March 18, 2013 on CD is for them for review. At L1-2 there is disc space narrowing with disc dehydration and desiccation. There is a slight disc protrusion narrowing the neural foramina bilaterally. At L2-3 there is disc dehydration and desiccation with a mild disc protrusion narrowing the neural foramen bilaterally. At L3-4 there is disc dehydration and desiccation with a slight disc bulge and narrowing the neural foramina bilaterally. The facets are hypertrophic and degenerative contributing to the foraminal narrowing. At L4-5 there is disc dehydration and desiccation with a disc bulge. There is moderate facet hypertrophy causing mild bilateral neural foraminal narrowing. At L5-S1 there is a slight disc bulge with disc dehydration and desiccation. There is facet hypertrophy causing neural foraminal narrowing, right worse than left. The impression would be multilevel lumbar degenerative disc disease. The MRI scan findings are almost identical to the October 9, 2012 MRI scan. The MRI scan is of marginal quality.

CASE ANALYSIS.

Based on review of the available documentation, in my opinion, the claimant sustained a possible cervical myofascial strain superimposed upon multilevel cervical degenerative disc

disease from the MVA of September 14, 2012. The claimant's physical examinations do not show consistent findings of an upper extremity radiculopathy. The MRI scan reports are consistent with multilevel cervical degenerative disc disease with no significant impingement of the neural contents. Without findings of radiculopathy on physical examination and neural impingement on MRI scan, treatment guidelines would not support a cervical epidural steroid injection. The claimant had approximately ninety-three visits of chiropractic therapy. This is an excessive amount of therapy. Treatment guidelines would support eight to ten visits.

Based on review of the available documentation, in my opinion, the claimant sustained a possible lumbar myofascial strain superimposed upon multilevel lumbar degenerative disc disease from the MVA of September 14, 2012. The claimant's physical examinations do not show consistent findings of a lower extremity radiculopathy. The MRI scan reports and images are consistent with multilevel lumbar degenerative disc disease with neural foraminal narrowing. The documentation supports that the claimant received very little relief after a lumbar epidural steroid injection. Without 50% to 70% pain relief after the first epidural steroid injection, treatment guidelines would not support a second lumbar epidural steroid injection. The claimant does not have consistent findings of a focal radiculopathy to support Dr. Fulp's recommendation for a lumbar microdiscectomy. There is no documentation of an instability of the lumbar spine to support the recommendation for a possible lumbar fusion.

COST ANALYSIS:

I have reviewed the medical and billing records from Express Occupational Medicine for services provided from September 17, 2012 through October 12, 2012. In my opinion, these charges are excessive compared to the usual and customary payment providers receive for these services. In discussions with other providers, my own practice experience using these codes on a routine basis, publicly available websites such as Fair Health, and the standard payment from third party payers such as Blue Cross Blue Shield using 135% of Medicare Fee Guidelines, a reasonable payment for the following E&M (Evaluation and Management) services is:

CODE:	DESCRIPTION:	REASONABLE:
99204	Initial Office Visit	\$ 192.00
99213	Established Office Visit	88.00

I have reviewed the medical and billing records from Khit Chiropractic Wellness for services provided from September 18, 2012 through February 20, 2014. I am an orthopedic surgeon who has been in practice for twenty-eight years. My practice involves routinely referring patients to therapy centers for treatment. I was a part owner of a physical therapy clinic and have experience in physical therapy codes and payments. Physical therapy centers can submit a charge for services for any amount. The reasonable payment, which represents the value of the medical service, can be determined by a percentage of Medicare Fee Guidelines and publicly available websites such as Fair Health using the CPT codes that were submitted. Official Disability Guidelines (ODG), which are used by TDI (Texas Department of Insurance), recommend an amount of physical therapy based on a diagnosis. In my opinion, the amount of physical therapy provided to Billy Pemelton was not reasonable or necessary. The ODG treatment guidelines would support eight to ten visits of physical therapy for a cervical and lumbar sprain/strain.

In my opinion, the therapy charges are excessive compared to the usual and customary payment providers receive for these services. The reasonable amount would be approximately \$100 per visit. Ten visits of physical therapy @ \$100 each would be \$ 1000. Narrative reports (99080) are not paid by most third party payers. A reasonable payment for the following E&M (Evaluation and Management) services is:

CODE:	DESCRIPTION:	REASONABLE:
99203	Initial Office Visit	\$ 130.00
99213	Established OV x 10 @ \$88	880.00

I have reviewed the medical and billing records from RGV Orthopedic Center for services provided from February 21, 2013 through March 26, 2013. In my opinion, these charges are excessive compared to the usual and customary payment providers receive for these services. In discussions with other providers, my own practice experience using these codes on a routine basis, publicly available websites such as Fair Health, and the standard payment from third party payers such as Blue Cross Blue Shield using 135% of Medicare Fee Guidelines, a reasonable payment for the following E&M (Evaluation and Management) services is:

CODE:	DESCRIPTION:	REASONABLE:
99244	Initial Office Visit	\$ 192.00
72052	Xrays, Cervical spine	77.00
99214	Established OV x 3 @ \$128	256.00

I have reviewed the medical and billing records from Southern Texas MRI Center for services provided on March 18, 2013. I am an orthopedic surgeon who has been in practice for twenty-eight years. My practice involves routinely taking xrays and interpreting imaging studies. I routinely submit codes and bills for radiology services and refer patients to imaging centers. Imaging centers can submit a charge for a particular service for any amount, but billed charges do not represent the usual payment. The amount of reimbursement is what constitutes the value of the medical service. Using the TDI (Texas Department of Insurance) website for reimbursement rates for the following radiology services are:

CODE:	DESCRIPTION:	REASONABLE:
72148 TC	MRI Lumbar spine (technical component)	\$ 500.00

I have reviewed the medical and billing records from Waltham Consultants for services provided on March 18, 2013. I am an orthopedic surgeon who has been in practice for twenty-eight years. My practice involves routinely taking xrays and interpreting imaging studies. I routinely submit codes and bills for radiology services and refer patients to imaging centers. Imaging centers can submit a charge for a particular service for any amount, but billed charges do not represent the usual payment. The amount of reimbursement is what constitutes the value of the medical service. Using the TDI (Texas Department of Insurance) website for reimbursement rates for the following radiology services are:

CODE:	DESCRIPTION:	REASONABLE:
72148 26	MRI Lumbar spine (professional component)	\$ 100.00

I have reviewed the medical and billing records from Insight Diagnostic and Imaging for services provided on September 18, 2012. I am an orthopedic surgeon who has been in practice for twenty-eight years. My practice involves routinely taking xrays and interpreting imaging studies. I routinely submit codes and bills for radiology services and refer patients to imaging centers. Imaging centers can submit a charge for a particular service for any amount, but billed charges do not represent the usual payment. The amount of reimbursement is what constitutes the value of the medical service. Using the TDI (Texas Department of Insurance) website for reimbursement rates for the following radiology services are:

CODE:	DESCRIPTION:	REASONABLE:
72040	Xrays, Cervical spine	\$ 46.00
72100	Xrays, Lumbar spine	46.00
72148 TC	MRI Lumbar spine (technical component)	500.00

I have reviewed the medical and billing records from Interventional Treatment Institute for services provided from October 30, 2012 through February 14, 2013. In my opinion, these charges are excessive compared to the usual payment. In discussions with another pain specialist and using the ASIPP (American Society of Interventional Pain Physicians) and the AAOS (American Academy of Orthopaedic Surgeons) websites, a reasonable payment for the following procedure to include medication and facility fees is:

CODE:	DESCRIPTION:	REASONABLE:
99204	Initial Office Visit	\$ 192.00
99214	Established Office Visit	128.00
99213	Established Office Visit	88.00
99212	Established OV x 2 @ \$54	108.00
62311	Lumbar Epidural Steroid Injection (includes, drugs, supplies, and recovery room)	600.00
62310	Cervical Epidural Steroid Injection (includes, drugs, supplies, and recovery room)	600.00
77003	Fluoroscopy x 2 @ \$120	240.00

I have reviewed the medical and billing records from Northshore Orthopedics for services provided from February 7, 2014 through February 28, 2014. In my opinion, these charges are excessive compared to the usual payment providers receive for these services. In discussions with other providers, my own practice experience using these codes on a routine basis, publicly available websites such as Fair Health, the standard payment from third party payers such as Blue Cross Blue Shield would use 135% of Medicare Fee Guidelines, a reasonable payment for the following E&M (Evaluation and Management) services is:

CODE:	DESCRIPTION:	REASONABLE:
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99205	Initial Office Visit	\$	248.00
99215	Established Office Visit		170.00

I have reviewed the medical and billing records from Ray Fulp Orthopedics PA for services provided on October 30, 2013. In my opinion, these charges are excessive compared to the usual payment providers receive for these services. In discussions with other providers, my own practice experience using these codes on a routine basis, publicly available websites such as Fair Health, the standard payment from third party payers such as Blue Cross Blue Shield would use 135% of Medicare Fee Guidelines, a reasonable payment for the following E&M (Evaluation and Management) services is:

CODE:	DESCRIPTION:		REASONABLE:
99205	Initial Office Visit	\$	248.00

I am an orthopedic surgeon with twenty-eight years of practice experience licensed to practice in the State of Texas. I state that I am qualified by knowledge, skill, experience, training, and education to make the statements contained in this report. Attached and made a part of this report are my curriculum vitae, list of testimony, and invoices.

The opinions rendered in this case are the opinions of the reviewer. The review has been conducted without a medical examination of the individual reviewed. The review is based on documents provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service/report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This report is based on a clinical assessment of the documentation and the opinions are based on the information available.

Sincerely,



Gregory S Goldsmith, MD
Board Certified Orthopedic Surgeon

McAllen Orthopaedic Associates

Gregory S Goldsmith, MD

110 E Savannah Ave, Bldg B Suite 101

McAllen, Texas 78503

Ph: 956-686-1575 Fax: 956-686-8542

Professional Address: McAllen Orthopaedic Associates
110 E Savannah Ave, Bldg B Suite 101
McAllen Texas 78503

Email address: moa110@aol.com

EDUCATION:

Undergraduate: University of New Mexico
Albuquerque, New Mexico
Bachelor of Engineering 1972-1977
(Attended on a full athletic scholarship)

Medical School: University of Texas Medical School at San Antonio
7703 Floyd Curl drive
San Antonio Texas 78284-7774
May 1981

Internship: General Surgery
Emory University Affiliated Hospitals
Atlanta Georgia
1981-1982

Residency: Orthopaedics
Emory University Affiliated Hospitals
1981-1982

Post Residency John Garrett, MD
Team Physician – Atlanta Falcons

Fellowship: Atlanta Georgia
July 1986 – September 1986

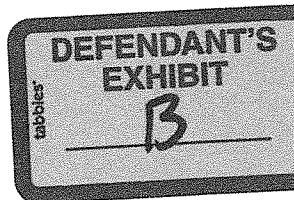
Licensure: Texas F9482
Tennessee 46710
California C5446

Certifications: American Board of Orthopaedic Surgery, 1989
Recertified 1997, 2006

Designated Doctor TDI-DWC Level III

Clinical Appointments: Clinical Assistant Professor
Department of Orthopaedics
University of Texas Health Science Center San Antonio
September 1, 1996 - 2013

Honors: Best Residency Paper-Kelly Orthopaedic Society



May 1985 "Measurement Error in Scoliosis"

Co-winner Best Residency Paper, Georgia
Orthopaedic Society, October 1985

Medical Societies:

American Academy of Orthopaedic Surgeons (Fellow)
American College of Surgeons (Fellow)

Robert P Kelly Orthopaedic Society

Texas Orthopaedic Association

Hidalgo-Starr County Medical Association

Texas Medical Association

North American Spine Society

Publications:

Morrissy RT, Goldsmith GS, Hall, EC, et al: Measurement
of the Cobb angle of radiographs of patients who have
scoliosis, Evaluation of Intrinsic Error. (J Bone Surg (AM)
1990 Mar; 72 (3) :320-7

Professional Sports:
Medical Staff

Rio Grande Valley Killer Bees
Professional Hockey Team (2003-2010)

Rio Grande Valley Dorados
Arena Football 2 Team (2004-2008)

Rio Grande Valley Bravos FC
Minor Professional Soccer League (2009)

Hospital Affiliations:

Rio Grande Surgery Center
1809 S Cynthia
McAllen Texas

McAllen Medical Center
301 W Expressway 83
McAllen Texas
Chief of Orthopaedics
1986-1991

Columbia Rio Grande Regional Hospital
101 E Ridge Road
McAllen Texas
Chief of Orthopaedics
1995-1997

Cornerstone Regional Hospital
Edinburg Texas 78539

Doctors Hospital at Renaissance
Edinburg Texas 78539

McAllen Orthopaedic Associates

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110 E SAVANNAH AVE BLDG B SUITE 101
MCALLEN TEXAS 78503
956-686-1575 OFFICE 956-686-8542

March 17, 2015

Glenn Romero
Vidaurri, Lyde, Rodriguez & Haynes
Edinburg Texas 78539

RE: INVOICE FOR BILLY PEMELTON

Dear Attorney Romero:

Please accept this invoice for the above mentioned claimant.
The Tax ID# is 74-2881957.

The following are the fees for the services requested:

Review of medical records/report....BILLY PEMELTON \$ 2100.00

If you need further information, please feel free to contact me.

Sincerely,



Irma Villarreal

GREGORY S GOLDSMITH, MD**McAllen Orthopaedic Associates****TRIALS**

2007			
4/4/07	Toral/Gonzalez/Flores		Kirkpatrick Firm
10/2/07	Meza		Rodriguez Legal Group
2008			
11/8/08	Schoenmakers/Schoenmakers		Rymer, Moore, Echols Firm
2009			
1/13/09	Atkinson/Atkinson		US Department of Justice
2010			
10/7/10	Hernandez		Vidaurri, Lyde, Rodriguez Firm
2012			
3/27/12	Olson		Vidaurri, Lyde, Rodriguez Firm
6/12/12	Garcia		Vidaurri, Lyde, Rodriguez Firm
9/7/12	Ely		Vidaurri, Lyde, Rodriguez Firm
10/31/12	Garza		Vidaurri, Lyde, Rodriguez Firm
11/9/12	Pena/Canizalez		Vidaurri, Lyde, Rodriguez Firm
2013			
9/17/13	Flores		Vidaurri, Lyde, Rodriguez Firm
2014			
5/14/14	Garza		Brown Sims
12/10/14	Guzman		Person Whitworth Borchers

DEPOSITIONS

2007			
9/20/07	Alaniz		Thornton Summers Firm
10/16/07	Cantu		Ellis, Koeneke, Ramirez
10/26/07	Childs		Griffith & Garza
2008			
4/3/08	Rodriguez		Fulkerson, Feder Firm
5/6/08	Vargas		Adams & Graham
5/13/08	Matthews		Roerig, Oliveira & Fisher
5/29/08	Hinojosa		Thornton, Biechlin & Segrato
6/3/08	Garza		Mahtook LaFleur Firm
7/31/08	Perez		Adams & Graham
8/7/08	Hinojosa		Thornton, Biechlin & Segrato
9/25/08	Adams		Alvarez Law Firm
10/14/08	Briceno		Upton, Mickits Firm
11/13/08	Taylor		Upton, Mickits Firm
11/18/08	Montemayor		Hays McConn Firm
2009			
1/8/09	Guerrero		Griffith & Garza
2/12/09	Tellez		Roerig, Oliveira & Fisher
3/12/09	Lira		Roerig, Oliveira & Fisher
3/24/09	Switzer		Lorance & Thompson
4/16/09	Jaramillo		Rodriguez, Colvin, Chaney
4/20/09	Medellin		Adams & Graham
6/11/09	Rincon		English & Clemons
6/25/09	Perez		Chamberlain Hrdlicka Firm
7/30/09	Benavidez		Gonzalez & Gonzalez

9/17/09	Perez			Royston & Rayzor		
10/8/09	Betancourt			Thornton, Biechlin Firm		
11/3/09	Saenz			Roerig, Oliveira & Fisher		
11/5/09	Pulido			Adams & Graham		
2010						
1/21/10	Leos			Briney/Rayburn Firms		
1/22/10	Williams/Williams			G Patrick Collins		
2/4/10	Chapa/Ramirez			Thornton, Biechlin Firm		
2/25/10	Smith			Brock Person & Guerra		
4/8/10	Cervantes			Skaggs & Gonzalez		
4/16/10	Fuentes			English & Clemons		
6/3/10	Palmer			Ball & Weed		
6/10/10	Rocha			English & Clemons		
6/25/10	Walker			Thornton, Biechlin Firm		
7/15/10	Valbuena			Adams & Graham		
8/12/10	Cordero			Adams & Graham		
9/3/10	Ruiz			Adams & Graham		
10/21/10	Lozano			Roerig, Oliveira Fisher		
11/11/10	Rios			G Patrick Collins		
12/9/10	Rodriguez			Stephens Firm		
12/10/10	Melancon			Upton Mickits Firm		
2011						
1/13/11	Martinez			Thornton Biechlin Firm		
3/10/11	Contreras			Thornton Biechlin Firm		
3/24/11	Ruiz			Thornton Biechlin Firm		
4/11/11	Sanchez			Roerig Oliveira Firm		
4/13/11	Cisneros			G Patrick Collins Firm		
4/21/11	Diaz			Colvin Chaney Firm		
7/22/11	San Miguel			Roerig Oliveira Firm		
7/28/11	Acosta			G Patrick Collins Firm		
8/4/11	deLeon/deLeon			Adams & Graham		
8/18/11	Mejorado			G Patrick Collins Firm		
8/26/11	Alcantar			G Patrick Collins Firm		
9/29/11	Reyna			Thornton Biechlin Firm		
10/6/11	Garcia/Garcia			G Patrick Collins Firm		
10/12/11	Sosa			G Patrick Collins Firm		
10/13/11	Garza			Buzbee Law Firm		
10/27/11	Guzman			Person, Whitworth Law Firm		
10/28/11	Zavala			Guerra Law Firm		
11/3/11	Grenier			G Patrick Collins Firm		
12/1/11	Mendoza			English & Clemons Firm		
12/7/11	Martinez			G Patrick Collins Firm		
12/15/11	Ochoa			Thornton Biechlin Firm		
2012						
1/20/12	Vargas			Royston Rayzor Firm		
1/25/12	Barrera			Roerig, Oliveira Firm		
1/26/12	Garcia			Vidaurri, Lyde, Rodriguez Firm		
2/2/12	Rodriguez			Person, Whitworth Firm		
2/3/12	Ochoa			Thornton, Biechlin Firm		
2/10/12	Gonzalez/Gonzalez			Griffith Firm		
3/1/12	Romero			Vidaurri, Lyde, Rodriguez Firm		
3/8/12	Alegria			G Patrick Collins & Associates		
4/12/12	Guzman			Person, Whitworth Firm		
4/26/12	Moya/Moya			G Patrick Collins & Associates		
4/27/12	Guzman			Person, Whitworth Firm		
5/17/12	Arredondo			English & Clemons		
6/28/12	Leal			Colvin, Chaney & Saenz		

